



COMMONWEALTH of VIRGINIA

Office of the Lieutenant Governor

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Timothy M. Kaine
Lieutenant Governor

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Lieutenant Governor Timothy M. Kaine Internship Application Form

Last Name _____ First Name _____ MI _____

Current Address:

Permanent Address:

Current Phone: _____

Permanent Phone: _____

Primary E-mail: _____

Secondary E-mail: _____

High School/College currently enrolled in: _____

Year in school AS OF TODAY: Freshman Sophomore Junior Senior

Please check session for which you are applying:

☐ First semester ☐ Winter break ☐ Second semester ☐ Summer

Session Dates and Application Deadlines:

Session 1: September – November, application postmarked by June 15, 2004

Session 2: January-April, application postmarked by October 15, 2004

Session 3: May-August, application postmarked by February 15, 2005

☐ Full-time ☐ Part-time

Have you ever been convicted of a felony? ☐ Yes ☐ No

The information given above is complete and accurate to the best of my knowledge.

Applicant's signature

Date

*The information above is collected for evaluation purposes and will remain in the records of Timothy M. Kaine.
It will not be distributed unless requested by applicant or required by law.*